

Colleycare Limited

# St Joseph's Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

St Joseph's Care Home is a residential care home providing personal care for up to 48 people aged 65 and over, some of who may be living with dementia. At the time of this inspection 46 people were living at the service.

St Joseph's Care Home accommodates people across one building, with a dedicated area for people living with dementia.

### People's experience of using this service

People were protected from avoidable harm and abuse by staff. Risks to people's safety had been identified and assessed. Staff were aware of risks to people's health and wellbeing and worked proactively to keep them safe. People received their prescribed medicines safely and had their medicines reviewed regularly. Cleanliness and hygiene were maintained throughout the home, which reduced the risk of infection. Staff followed the required standards of food safety and hygiene, when preparing, serving and handling food.

Staff had the required skills to meet people's needs effectively, which led to good outcomes for people's care and support and promoted their quality of life. Staff received regular appraisal and supervision of their skills and development. People lived in a homely, clean and appropriately adapted environment that supported their needs. The registered manager had worked effectively with local organisations, health and social care professionals and multi-disciplinary teams.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by a staff group who were kind and caring to deliver high quality, personalised care. People and staff had developed meaningful relationships that enabled staff to provide care that met people's preferences.

People received person-centred support that was responsive to their needs. Staff were aware of how to support people and the risks to their health and wellbeing. People were supported to maintain and develop relationships that mattered to them and protected them from the risk of social isolation and loneliness. People who were at the end of their lives experienced a comfortable, dignified and pain-free death. People were confident their concerns and complaints would be listened to and responded to robustly.

The service was led by a management team who were respected by staff and people, and who led by example. Governance systems in the service supported the quality of care people received and improvement plans continually sought ways to develop the service further. The management team had identified areas for improvement prior to this inspection and were working towards embedding these areas

for development.

#### Rating at the last inspection

At the last inspection on 18 January 2017 the service was rated Good (report published 10 February 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We did not identify any concerns at this inspection. We will therefore aim to re-inspect this service within the published time scale for services rated good. We will continue to monitor the service through the information we receive.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

# St Joseph's Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Joseph's Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

#### During the inspection

We spoke with 10 people, and two people's relatives about their experience of the care provided. We spoke with the registered manager, the deputy manager and four members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records along with a variety of records relating to the management of the service.

#### After the inspection

We continued to seek further evidence from the registered manager to which was received on 02 October 2019. This was in relation to developments and plans they had for the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People told us they felt safe living at the service. One person said, "I'm safe and secure because things run so well that I have confidence."
- Systems continued to be in place to protect people from abuse and avoidable harm. Staff continued to receive training and were confident about what they needed to report and to who.
- When an accident or incident occurred, the management team ensured these were reviewed and appropriate action taken including discussions as a point of learning lessons. The registered manager told us when they had identified and trained a safeguarding lead staff member they would accompany them to safeguarding meetings. This they said would help with supporting staff to understand how they could continually develop practise.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were identified and managed. Risk assessments were in place that identified the actions staff needed to take to minimise the risks, and care plans instructed staff how to provide safe care. For example, people at risk of developing pressure sores received appropriate care and were referred to the GP or relevant health professionals. We saw examples where people who came to the home with sores had these healed.
- Staff were aware of how to respond in an emergency such as evacuation of the home in the event of a fire. Regular drills were completed with people and staff.
- Regular servicing of the gas supply, electrical items and fire safety equipment was undertaken. Regular checks of all safety equipment and systems in the service were completed. People had a personal emergency evacuation plan completed (PEEP) that informed emergency services how to support them in the event of a fire.

Staffing and recruitment

- Safe recruitment practices were operated to ensure prospective staff were appropriate to work with people. Staff confirmed references were sought prior to receiving an offer of employment, along with a full employment history, verification of identity and a criminal records check.
- People and relatives told us there were enough staff to support them. One person said, "Everything is provided and there are enough staff. If I go out of my door someone will be around." Staff also said there were sufficient staff. Where agency staff were used, these were regular staff who knew how the home operated and knew how to care for the people living there.
- The registered manager regularly monitored and reviewed staffing levels in the home and adjusted these according to people's needs.

#### Using medicines safely

- Staff managed medicines safely and administered people's medicines as the prescriber intended.
- Medicines were stored securely, and staff carried out regular audits of stocks. Staff had received training to ensure they were able to safely manage medicines.
- Where people were prescribed medicines to manage their moods or behaviour, regular reviews were carried out by the GP or psychiatrist. This helped to ensure people were not over medicated.

#### Preventing and controlling infection

- Staff received training in infection control and were fully aware of their responsibilities to protect people from the spread of infection. Where personal care was provided, staff used the appropriate personal protective equipment. The service was supported by a team of domestics who kept the home clean and fresh.
- Kitchen staff ensured good practice was followed around food hygiene. The service had been awarded the highest rating by the Food Standards Agency.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager ensured that staff delivered up to date care in line with good practice. They ensured that the service had equipment available that would promote people's independence.
- An assessment was carried out before a new person moved to the service. This was completed with the person and their relatives if appropriate, alongside relevant health professionals. When the person moved in, they were then reviewed again to ensure there had been no changes.

Staff support: induction, training, skills and experience

- Staff told us they received training that was relevant to their role. One member of staff said, "Training is good, I find that I always learn something new with the training. We are about to do the Rose Model dementia training which will be good."
- The registered manager told us they were in the process of organising champion training across the home. This would enable key staff to have additional training in specific areas, such as safeguarding. As part of their review of training they were in the process of organising a higher level of training for staff to complete mental capacity assessments. This was because they had found some assessments lacked detail when completed.
- All staff spoken with confirmed they received regular supervision and appraisal of their performance. Staff were positive about the support provided by the management team on a day to day basis also. One staff member said, "[Registered manager] is really supportive, always around and gives me good guidance. Supervision is good, it's a bit of a planning meeting where we talk about what we need to do and how they can help me do it."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware of people's likes and dislikes and we saw this enabled them to prompt people with their choice of meal, condiments or drink.
- People could choose an alternative meal if they did not like the choices offered. People said they enjoyed the food and we observed people eating well, being offered additional portions and clearly enjoying the freshly prepared meal. One person said, "The food is of a high standard. I was a good cook and the food is as I'd want it. There's a good variety of quality food. They keep an eye on me because I don't eat a great deal."
- Risks associated with people's nutrition, such as risk of weight loss or choking were identified and managed well. Those at risk of choking were referred to a health professional and specific guidance followed. People's weights were monitored and where weights dropped, staff quickly sought health professional support. Where people required assistance with eating and drinking, staff were seen to provide this sensitively and following the appropriate guidance.

- Staff used pictorial menus to aid people living with dementia to make their menu choice. This enabled people to make an informed choice. However, people were asked for their choice before lunch was cooked, which for people who had difficulties with memory or cognition is not considered best practise. The registered manager said they would review this.

Staff working with other agencies to provide consistent, effective, timely care;

- People told us they could see health care professionals such as the GP when they wanted. One person said, "I see the doctor when I want, I ask [deputy manager] and they get them for me."
- People's care was provided by a range of different staff, teams and services, from both the service and wider health care professionals. Care was well coordinated and all those involved regularly reviewed and assessed people's care and treatment.
- Staff worked closely with a number of other services so that people received effective care and support. These included healthcare professionals such as psychiatrists, social work teams, GP's, district nurse's speech and language therapists and dieticians.

Adapting service, design, decoration to meet people's needs

- People were provided with equipment to alert staff if they required support, whilst maintaining their privacy and dignity. The layout of the home enabled people to maintain their independence.
- People's own rooms were reflective of their personality and interests. People were able to choose how to furnish their rooms as they wished.
- The home had been nicely maintained and had a homely feel. The dementia unit was decorated and equipped with items which can provide occupation for people. There were household items like laundry baskets, clothes, bags and other objects which could trigger people's interest. The enclosed garden was freely accessible for people and was a safe place where people could enjoy the fresh air.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff demonstrated to us how MCA and DoLS applied to their work. One member of staff said, "We listen to what people want, don't assume what we think they need. We need to keep people safe so when we think people can't make a safe decision then we help them do that."
- Assessments when completed robustly, reflected the person's views and opinions. One seen for administering medicines covertly clearly considered the person's views, sought independent advice and determined that was not the correct decision for that person. Staff sought alternative methods to support the person positively and without unnecessary restriction.
- Where restrictions were imposed these considered all options and sought to find the least restrictive solution. DoLS applications were submitted when required.
- Staff sought consent before they carried out any tasks. Staff offered people choices in all aspects of their lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People we spoke with were positive about the staff and care they received. They told us they were treated with kindness, compassion and respect. One person said, "I am fully respected, and they tell me they like me. What a nice thing that is to hear. They go out of their way to be helpful."
- Staff were observed to be attentive to people, kind and caring in their approach and when talking with us about people did so with a sense of passion and pride.
- Staff continued to consider people's protected characteristics under the Equality Act 2010. These included religion, race and sexual orientation and they supported people to explore these areas further.

Respecting and promoting people's privacy, dignity and independence

- People told us staff helped them continue to be independent when assisting them. One person said, "They know how I want to do things myself and don't interfere with that. It's very important I can do things like wash or dress, eat my lunch and tidy up."
- Staff were discreet when supporting people with personal care. They were quick to respond when people required assistance with personal care or maintaining their dignity.
- People who required support by staff were dressed appropriately and they told us staff took time to ensure they were dressed and groomed as they wanted.

Supporting people to express their views and be involved in making decisions about their care

- People continued to be fully involved in making decisions about their care and support. One person's relative said, "The carers are fantastic. It's like being part of an extended family. They are lovely to me and so supportive. They tell me what he's doing and take on board any suggestions."
- People were able to make choices about the care they received, when and how. Staff were heard asking people for their views and choices throughout the inspection.
- Staff knew people well and understood their likes, dislikes and how they preferred to be supported. This had been developed through meaningful relationships being formed between staff and people. One person said, "[Staff member] is a very good carer, I just heard them say to me, it's my pleasure and it really is I believe. I love chatting to carers. We talk about our families to each other. It's so interesting finding out things about them. I know so much." This friendly and warm approach enabled staff to better understand how to support people with decisions around their care.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;

- People experienced personalised support that was well structured and planned based on their unique personality and needs. Staff knew people's likes, dislikes and preferences and they used this information to care for people in a way they preferred. One person said, "They are all polite towards me and they are friendly and helpful. I'd get shirty I can tell you if it were any different."

- Staff carried hand-held devices to record care at the point of delivery. The hand-held devices also meant staff carried a copy of the care plan with them so could easily review any changes or updates and provide care accordingly.

- People told us they were in control of their care. They were empowered to make choices and have as much control and independence as possible. One person's relative said, "[Person] is stubborn but the staff have worked with that, so as opposed to taking them to the mundane, run of the mill activities, they spend time knowing what [Person] wants, give them the choice but also encouraging them. It has really helped [Person] feel there is value in having choices."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

- People told us their relatives could freely visit and they were encouraged and supported to maintain relationships important to them. For those people who chose to not engage with activity, staff ensured they regularly visited and talked to them to avoid them feeling lonely or isolated. People benefitted from being supported by some staff who shared similar interests or life experiences which prompted meaningful conversation.

- The service was part of the local community and was actively involved in building further links. During the inspection people were happily playing with a group of children from the local nursery. Although at first both people and children appeared reticent to engage, some snacks and drinks soon prompted all involved to engage, talk, smile and laugh with one another. This was a weekly session greatly enjoyed by all. One person told us it was the first session they had joined. However, they were visibly buoyed by the session and excited for the next one.

- People had regular visits from outside entertainers, pet therapy, day trips, visits to local schools and organisations. One person enjoyed reading stories to the children so had been invited to read stories in the local nursery. People told us that the usual activities such as bingo or singing were not well attended. The majority of people we spoke with preferred to spend time alone and were selective about what they joined in with. The home was sociable, and people were happy with how their social needs were supported, and that they were free to choose how much activity they engaged in.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We observed staff using pictures to aid communication with people, as well as using objects of reference. Care plans recorded how people communicated and any difficulties they may have expressing their views or understanding what staff may be saying. Staff were aware of non-verbal prompts that people may use, for example to indicate they were feeling pain somewhere.
- Around the home photos of the places people visited and activities held in the home were displayed and within a folder. This promoted conversations and allowed people to choose where they wanted to go using real life pictures as a prompt.
- The registered manager told us they were constantly looking for ways to help people communicate and would continue to review this area. They told us how they were looking at using headphones for people and the use of virtual reality as ways to help people understand the world around them and engage in experiences that previously may not have been available to them.

### Improving care quality in response to complaints or concerns

- Every person and their relatives told us they were confident they could raise a complaint or concern and it would be dealt with. One person said, "I complained about one carer and they don't work with me anymore." Where concerns or complaints were raised people were supported to understand the nature of their complaint and supported through the process. Copies of the procedure were made available to people and visitors and the provider monitored any concerns raised.
- Each person and every relative were invited to attend regular meetings where they could raise their concerns or suggestions.
- We saw where complaints had been received these had been thoroughly investigated and responded to. An outcome letter was provided that detailed the findings, which were then discussed with the person or their relative. Staff and the registered manager were able to provide examples of where complaints were discussed, and lessons learned to develop practise.

### End of life care and support

- We saw that discussions were held to ensure people's wishes were known to staff and could be met if the need arose. When people were considered to be nearing their end of life, staff worked with a range of health professionals to ensure people had a planned and dignified end of life. Medicines were ordered in sufficient time to ensure people were comfortable.
- Although we were unable to speak to people or relatives to understand their experience about the support provided, we were able to see recent compliments which positively reflected the care and compassion people received when end of life. One person commented, "During [person's] last few days, the staff gave us and [person] great support and kindness."

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and staff knew the management team well. One person said, "Registered manager] is very nice. They come around and knows my name. This Home is perfect for me. It's an excellent place." People all told us the management team were visible, accountable and led by example. Staff were positive too. One staff member said, "Management are very approachable. Team work is good most of the times, but sometimes it's not. We can report to management and they listen. We are discussing this in team meetings and it's all good."
- Staff told us morale in the service was variable. This they said had been due to changes within the staff team and an ongoing recruitment drive. Although this did not affect the quality of care people received, people commented on the changing staff and occasional discord observed among the staff. We discussed this with the registered manager who was aware of some grumbles within the staff team. They planned to use team meetings as a more expansive and inclusive environment to explore these and other areas.
- The management teams' positive and person-centred ethos of the care provided to people underpinned the positive outcomes that people experienced as evidenced in this report.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Regular meetings were held with people and their relatives to seek their views about different aspects of the service. People told us they were kept informed of developments and their views and opinions were sought. Most people felt meetings were a good opportunity to be kept informed of developments. However, some people felt the meetings were a list of instructions. One person said, "I've been to the residents' meetings twice but it's about them telling us what's going on rather than them listening. I could contribute." The registered manager told us they would be sharing with people in meetings areas such as improvement plans, developments affecting the service and other areas of feedback. This was part of their review of information sharing within regular meetings.
- The provider carried out regular reviews of the quality of care people received. This was through formal surveys and also through discussions. Actions arising from these visits were shared with people, relatives and staff for review and discussion. This meant that management at all levels were accountable directly to people if improvements were not made.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager told us they promoted transparency within the team. They said when incidents occurred they used these as opportunities to develop staff practise, being open with people and relatives always trying to make things better for people. We saw individual examples where this approach had been followed.
- The management team kept up to date with current research and good practice. They regularly reviewed this and passed this information to staff to ensure that people were given the best possible care and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team were open and knowledgeable about the service and the needs of the people living there. They were organised and clear about their responsibilities in terms of quality performance, risks and regulatory requirements. Staff were also clear about their role and the reporting lines within the home.
- There continued to be a quality assurance system in place to ensure that staff gave high-quality care. The nominated individual and the registered manager carried out regular audits which identified areas for improvement. Action plans were in place to address any shortfalls. The registered manager told us they would share these action plans with staff and relevant others to improve transparency and ensure all involved in the delivery of care were aware of the organisational and strategic objectives to be achieved. Themes and trends from falls, incidents, injuries etc were shared monthly with staff. The registered manager displayed this information in the staff room to highlight specific areas or specific risks. They acknowledged that staff may not always read or understand the information. They said they would further include this information in team meetings to review with staff trends, seek feedback, and develop practise further.
- The registered manager told us that they were looking at further developments of the whole service. From internal and external reviews of the quality of care, they were in the process of developing care records to be more person centred. They were also supporting staff to attend higher level mental capacity training to enable staff to write clearer and more robust capacity and best interest assessments. These issues although areas for improvement did not negatively impact the quality of care received.
- When events occurred in the service that required notifying to CQC or the local authority these were completed promptly.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.
- The registered manager was developing local links with organisations who may be able to support and signpost people to appropriate care agencies and social groups.
- The management and staff team were working with a local training provider to develop an innovative scheme in the service. This assessed people's strength, mobility, mood etc and gave clear areas to develop supported by exercises from healthcare professionals. People, staff and visiting children then engaged weekly to support people to develop their physical and emotional health. One staff member said, ""We are the first home in Hertfordshire that is doing an intergenerational armchair exercise. That's about the children helping the residents do things like put the stretchy bands on their legs then doing it. They get them doing more than we ever can."